

5/19/2020

TO NJ DISTRICT COURT

JURY DEMAND

PLAINTIFF:

LENDBERGH HOBSON, SHANEL HOBSON  
27 Springvalley Blvd. Basking Ridge  
NJ 07920      757 927 1711  
VS

DEFENDANT:

DOUBLETREE SUITES BY HILTON, PHILADELPHIA WEST  
640 FOUNTAIN RD, PLYMOUTH MEETING, PA, 19462  
610 834-8300

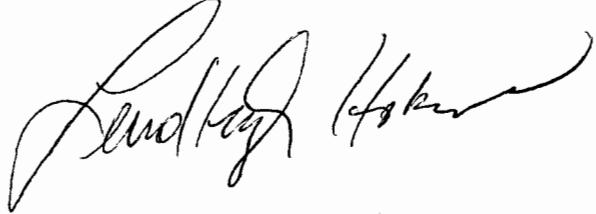
COMPLAINT:

Lendbergh and Shanel Hobson stayed at the Doubletree Suites on May 23, 2018 expecting descent, clean and safe service which was not provided.

The Defendant was Negligent of not providing clean and safe service.  
See Attached.

Accept Demand \$25,000

I VERIFY THIS DOCUMENT AND ATTACHED



## Form A

**Plaintiff or Filing Attorney Information:**

Name Lendbergh Hobson, Shanel Hobson

NJ Attorney ID Number

Address 27 Springvalley Blvd

Basking Ridge NJ 07920

Telephone Number 757927-1711

<p><u>Lendbergh Hobson, Shanel Hobson</u>, Plaintiff, v. <u>Double tree Suites by Hilton, Philadelphia</u> <u>West, 640 Fountain Rd, Plymouth Meeting, PA 19462</u> Defendant(s).</p>	<p>Superior Court of New Jersey Division <input type="text"/> County <input checked="" type="checkbox"/> County Part</p> <p>Docket No: _____ (to be filled in by the court)</p> <p>Civil Action <b>Complaint</b></p>
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Plaintiff, Lendbergh Hobson, Shanel Hobson  
(your name), residing at

27 Spring Valley Blvd, City of Basking Ridge  
(your address) (your city or town)  
County of Somerset County.  
(your county)

State Of New Jersey, complaining of defendant, states as follows:

1. On May 23, 2018, Double tree suites by Hilton, Philadelphia, Defendant  
(name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)

I checked into Doubletree Suites expecting decent, clean and safe service which was not provided.

Philadelphia West 640 Fountain Rd  
The defendant in this action resides at Plymouth Meeting PA 19462,  
(defendant's address)

In the County of ? (defendant's address), State of New Jersey.  
(name of county where defendant lives)

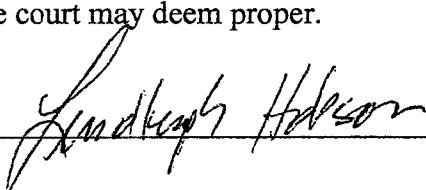
2. Plaintiff is entitled to relief from defendant under the above facts.

## Form A

3. The harm that occurred as a result of defendant's acts include: (list each item of damage and injury)

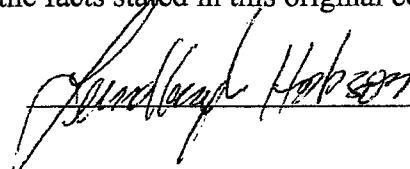
1. Bug Bites caused Bodily harm, Allergic Reaction, Anxiety, Nightmares, Nausea, loss of sleep
2. loss of Money, luggage & clothing
3. \_\_\_\_\_

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

Dated: May 19, 2020 Signature: 

### CERTIFICATION OF NO OTHER ACTIONS

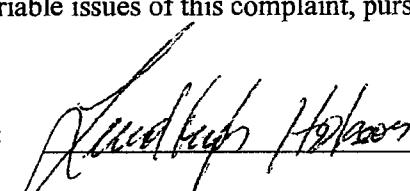
I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification. *except for my kids*

Dated: May 19, 2020 Signature: 

**OPTIONAL: If you would like to have a judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.**

### JURY DEMAND

The plaintiff demands trial by a jury on all of the triable issues of this complaint, pursuant to New Jersey Court Rules 1:8-2(b) and 4:35-1(a).

Dated: May 19, 2020 Signature: 

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